

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
Request To Employer For Separation Information

CLAIMANT'S NAME _____ SOCIAL SECURITY# _____

The claimant named above stated that he/she is a former/current employee of the following employer:

EMPLOYER INFORMATION	
NAME	_____
ADDRESS	_____ _____
ACCT#	TELEPHONE#

1. Dates Worked:
From _____ To _____

2. Total Earnings: \$ _____

3. Claimant's Reason for Separation:
☐ Still Working
☐ Lack of Work
☐ Voluntarily Quit
☐ Discharged

4. Explanation of Separation: _____

CLAIMANT'S SIGNATURE

This claimant has named you as a former employer for whom he/she worked before filing this claim. The information requested must be given in detail and received within seven (7) days or it cannot be considered in making a determination. If you keep this form and reply by letter, you must include all information requested and the name and social security number of the claimant. If you do not wish to reply in writing, you may appear in person to present the information requested. If you wish to appear in person, you have the right to representation, however, any person designated to appear at the proceeding to present information on your behalf should either have direct knowledge of the circumstances surrounding the issue or be able to present the written statement of a person who has such knowledge and/or pertinent written records.

ATTENTION EMPLOYER

Separation information concerning this claim is needed from you even though you may not be the claimant's very last employer.

Please complete the reverse side and return. It must be returned no later than the seventh (7) day from the date shown below.

Month	Day	Year
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Date Employer Reply Sent

PLEASE RETURN TO:

OVER

- ☐ Contact the Employment Security Office shown on the reverse side within the seven (7) day time limit if you wish to appear or be represented at an interview.
- ☐ An interview has already been scheduled and will be held at the Employment Security Office indicated on _____ at _____

1. Please indicate the reason for separation and give information requested so that a determination can be made on the claimant's eligibility for unemployment insurance benefits. Attach additional pages if necessary. Failure to respond by the above date could result in a determination being made without information from you.

☐ **LACK OF WORK** (NO REASON NECESSARY)

☐ **DISCHARGED:** (Give specific reason.) _____

(If discharged for absenteeism, list number and dates of absences.) _____

(List any warnings and give dates.) _____

(State company policy that was violated, if applicable, and give final incident that caused separation.) _____

☐ **VOLUNTARILY QUIT:** (Give specific reason.) _____

(If work related, what attempts were made to try to alleviate the condition? What was the agreement at the time of hire regarding this condition, if applicable?) _____

☐ **OTHER:** (Give specific reason, ex: voluntary retirement, failure to return from a leave of absence (was a definite leave granted, list start and end dates), partially unemployed, etc. Explain in detail.) _____

2. Dates of employment: From _____ To _____

3. During all terms of employment have you paid this claimant as much as: \$ _____ YES NO

If "NO," how much have you paid this claimant in all terms of employment? \$ _____

4. Are you paying, or will you pay this claimant a pension or retirement pay within the next twelve (12) months?

☐ YES ☐ NO

If "YES," monthly amount \$ _____ Type _____

What is the effective date of the pension or retirement payment? _____

Did claimant contribute to pension plan? YES No If "YES," what percent %

EMPLOYER NAME _____ ACCOUNT NUMBER _____

EMPLOYER SIGNATURE* _____ TITLE _____

ENTER NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED FOR ADDITIONAL INFORMATION

NAME _____ TELEPHONE () _____

* FORM MUST BE SIGNED IN ORDER FOR INFORMATION TO BE CONSIDERED.